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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/741,798-Conf. #5599
		Filing Date	December 19, 2003
		First Named Inventor	Susan P. Dark
		Examiner Name	J. M. Rutkowski
		Art Unit	2473
TOTAL AMOUNT OF PAYMENT		(\$)	180.00
		Attorney Docket No.	58895/P001C1/10316486

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account Deposit Account Number: 06-2380 Deposit Account Name: Fulbright & Jaworski L.L.P.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES			
Fee Description	Fee (\$)	Small Entity Fee (\$)	
Each claim over 20 (including Reissues)			52 26
Each independent claim over 3 (including Reissues)			220 110
Multiple dependent claims			390 195
Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
_____	_____	_____	_____
HP = highest number of total claims paid for, if greater than 20.			Multiple Dependent Claims Fee (\$) Fees Paid (\$)
Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
_____	_____	_____	_____
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fees Paid (\$)
_____	_____	_____	_____
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
_____	_____	_____	_____
HP = highest number of independent claims paid for, if greater than 3.			

4. OTHER FEE(S)			
Non-English Specification, \$130 fee (no small entity discount)			
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00			
SUBMITTED BY			
Signature	Registration No. (Attorney/Agent)	Telephone	
_____	54,214	(214) 855-7115	
Name (Print/Type)	Date		
Thomas Kelton	December 21, 2009		

Fee Transmittal	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: December 21, 2009	Signature: <u>Donna Dobson</u> (Donna Dobson)